

surrogate@co.middlesex.nj.us

Date of Satellite Appointment Requesting: (Appt. not necessary for New Brunswick) _____

Address of Decedent:_____

Date of Birth: _____ Date of Death: _____ SS# _____

Telephone Number of Executor(s)/Administrator(s): _____

(Add additional page, if necessary)

Date of Codicil: # of Pages:

NJ Real Estate: Yes:_____ No:_____

Total Number of Certificates Requested: _____

Name, Address, & Phone Number of Attorney (if being represented):

Tel. (732)745-3055 Fax (732)745-4125